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ABSTRACT

This paper on Government and Non-Government Organization provides information for leaders concerned with the development of proposals and recommendations for national policy consideration. The first four sections of the paper discuss: the need for changes in the existing organizations and for newly created organizations that would effectively represent the interests of older people; goals for organizations already established; the knowledge available relative to services being performed by both governmental and non-governmental organizations; and the identifiable gaps and limitations in organized efforts to meet the needs of the elderly. The fifth section of the paper presents issues formulated to focus discussion on the development of recommendations toward the adoption of national policies aimed at meeting the organizational needs of the older population. (Author/DB)

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GOVERNMENT AND NON-GOVERNMENT ORGANIZATION

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1971 WHITE HOUSE CONFERENCE ON AGING

GOVERNMENT AND NON-GOVERNMENT ORGANIZATION

BACKGROUND

W. Fred Cottrell, Ph.D.

ISSUES

THE TECHNICAL COMMITTEE FOR GOVERNMENT AND NON-GOVERNMENT ORGANIZATION

with the collaboration of the author

W. Fred Cottrell, Ph.D., Chairman

White House Conference on Aging
Washington, D. C. 20201
February 1971

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FOREWORD

This paper on Government and Non-Governmental Organization provides information for the use of leaders concerned with the development of proposals and recommendations for national policy consideration and of delegates to the national White House Conference on Aging to be held in Washington, D.C., in November-December 1971.

The first four sections of the paper discuss: the need for changes in existing organizations and for newly created organizations that would effectively represent the interests of older people; goals for organizations already established by previous conferences and groups; the knowledge now available relative to services being performed by both governmental and non-governmental organizations; and the identifiable gaps and limitations in organized efforts to meet the needs of the elderly. These sections of the paper were prepared for the Conference by W. Fred Cottrell, Ph.D., Professor, Departments of Political Science and Sociology and Director, Scripps Foundation for Research in Population Studies, Miami University, Oxford, Ohio, with guidance from the Technical Committee for Government and Non-Government Organization.

The fifth section of the paper presents issues formulated by the Technical Committee on Government and Non-Government Organization for consideration by participants in White House Conferences on Aging at all levels and by concerned national organizations. The purpose of the issues is to focus discussion on the development of recommendations looking toward the adoption of national policies aimed at meeting the organizational needs of the older population. The proposals and recommendations developed in Community and State White House Conferences and by national organizations will provide the grist for the use of the delegates to the National Conference in their effort to formulate a National Policy for Aging.

Arthur S. Flemming, Chairman
National Advisory Committee for the
1971 White House Conference on Aging

John B. Martin
Special Assistant to the President for
the Aging and Director of the 1971
White House Conference on Aging

CONTENTS

	Page
I. Introduction –the Need	1
II. Long-Range Goals	3
III. Knowledge Available	5
A. Recognition of Needs	5
B. Methods of Dealing with Needs	6
C. The Role of the Family and the Market	7
D. Meeting the Need for Companionate Care	8
E. Protective Services	9
IV. The Present Situation	11
A. Government Organizations and their Programs	11
1. Income Programs	11
1.1. Social Security	12
1.2. Aid for Aged	15
1.3. Veterans' Benefits	15
1.4. Federal Civil Service Retirement Benefits	16
1.5. Railroad Retirement System	16
1.6. Private Pensions	16
2. Employment	17
3. Housing	17
4. Health	18
4.1. Medical Care	18
4.2. Mental Health	19
4.3. Nutrition	19
5. Transportation	19
6. Education	20
7. Training	21
B. Non-Governmental Organizations	21
C. Effectiveness of the Present Organizational Structure	24
1. Federal Government	24
2. Regional	26
3. State Government	27
4. Local	28
V. Issues	31

I. INTRODUCTION—THE NEED

All effort to meet the needs of older people has to be organized. American culture has been able to serve the needs of older people in the past, but there is a wide variance in the effectiveness with which both older and newly created organizations deal with the presently emerging conditions. To understand the resulting complex of problems it is necessary to separate the means to be used from the ends to be achieved. While this separation is necessary for analysis, means are, in actual operation, integral elements of a system. They are constantly being modified as they receive or are denied support from the people who use them or are served by them. As means are modified, they in turn alter the extant hierarchy of values. Means often become ends in themselves. The means through which goals are achieved and values are implemented may become as important or even more important than the substantive contribution made through the use of those means. Each study dealing with substantive needs of older people, such as income, health, housing and so on, implicitly and frequently explicitly is establishing a basis for proposals that existing organizations be preserved, modified, or abolished. One way to learn what the organizational needs of the aging are is to sift out from all of this research what its authors declare to be necessary changes in existing organizations.

But this empirical process, were it possible and desirable to undertake, has some shortcomings. There are literally thousands of organizations, some great and pervasive and some of lesser and more limited concern. The connections between some of these organizations are so tenuous that they can safely be neglected. Other organizations are integral parts of systems and subsystems. Where it is possible to change these organizations, their alteration would set into operation a whole set of additional changes. So the possibility of change, the nature of possible change, and the consequences of change can be understood only if these connections between organizations are discovered, examined, and analyzed. There is a real necessity then to deal with the organization itself, apart from the immediate connection one part of it may have to a specific need of older people.

Some of the questions that need to be answered are:

(1) What should be the functions of a central agency on aging, and what should be the relationships between it and other departments and agencies within the Federal Government?

(2) What should be the functions of State agencies on aging? Where should they be located, and what should be their relationship with other units of State government?

(3) What type of agency is needed at the community level to serve as a focal point for broad action on aging? What should its functions be? From where should it derive its authority and financial support?

(4) What is the most desirable method of integrating or interrelating the activities of Federal, State, and community agencies on aging?

(5) How can government at each level best maintain working relationships with voluntary organizations and with the private sector of the economy?

(6) What should be the division of responsibility among public and private agencies and organizations?

(7) Should government take initiative in stimulating roles in the field of aging for various organizations? If so, what types of organizations?

It is obvious that there is no research that will give definitive answers that can be scientifically supported. The very cataloguing of all of the involved organizations is not itself complete, and the decision as to whether the degree of involvement of an organization or agency justifies inclusion in such a list is itself arbitrary. Yet means to solve the real problems of older people must be created and used, however little we may know about the ultimate consequences of our innovations.

The subject that we have to cover is, then, so immense that we will be able to deal with only a tiny fragment of it. We hope that we have chosen a sample that is representative. What we plan to do here is to start with the individuals whose needs are to be met and whose desires are to some degree to be fulfilled. Sometimes in dealing with complex organizations we forget the individuals for whom they operate and whose response to them affects whether the organizations persist or disintegrate. This means that individual older people are both the source of action and the recipients of its consequences. So the local community is the focus of both the origin and the termination of actions for the aging. Their reactions will show the degree to which—what has been and is being done—is successful.

II. LONG-RANGE GOALS

The 1961 White House Conference on Aging developed broad statements on the responsibilities of local, State, voluntary, and Federal organizations. These statements are highlighted below.

Local:

The individual American lives in a local community. Many problems of the aged and aging and many of the community conditions affected by or affecting the aging can only be resolved, therefore, at the local level.

Each person must take the responsibility for developing and using his own capacities for growth and service. In addition, a good community must build those resources that enable older people to remain independent as long as possible.

Although the needs of some of the aged are many, existing and potential resources are also many. These needs should be viewed within the context of the needs of the total society, and community planning for the aging must be related to and compatible with planning for other segments of the population.

To put total emphasis on the care of the aged, as opposed to developing a community in which one can age with dignity and independence, would poorly serve the coming generations of Americans. We must not create the continual crisis of "problems." A total program of local community awareness and individual responsibility can develop the great opportunity that we presently have in the lengthened life span of Americans.

To center this activity in the local community, where the individual must live and function, it is recommended that local communities immediately create a Committee on Aging through which planning may be done for the good life that can be achieved by and for its elder citizens.

State:

The States are heavily involved in programs affecting older persons. Major services and benefits are provided by various State agencies and private organizations. In this situation problems of coordination, communication, and conflict inevitably arise. There is a real need, therefore, for an overall view and approach.

The older persons with whom the States are concerned are not simply those who are indigent, nor the small proportion who live in State-operated or State-supervised institutions. The problems that come with age sooner or later confront most older people, touch every family, and relate to every aspect of life—income, health, rehabilitation, housing, employment, recreation. Existing State activities affecting the older person, however, are organized primarily on a program rather than a clientele basis. This may result in omissions, lack of focus, and lack of proper emphasis on the needs of older individuals. Those who seek help or information often do not know where to turn.

Non-governmental Organizations:

Distinctive to the American way of life is the extent to which services to people are provided through the programs of government and of national voluntary

organizations. The needs of the nation's aging population can be met effectively only if both governmental and voluntary services of the highest quality are available broadly and if there is sound correlation of the work of each.

The many diverse services and programs provided by national voluntary organizations must continue in their planning to utilize among their basic criteria the needs of the aging as expressed by the aging themselves. Constant re-evaluation of projects and services should lead to better cooperative efforts among organizations and governmental units.

In our highly industrialized society, many forces operate to restrict the roles of the older citizens. National voluntary organizations can make a unique contribution by providing older citizens with opportunities to remain active contributors to the national welfare through participation in other forms of gainful employment, in programs of service to all age levels and to all elements of our society. By thus preserving a "contributing citizen" role for the older person, national voluntary organizations will help create positive attitudes of and toward the aging.

Federal:

Over the years, for one reason or another, the Federal Government has become deeply committed to various forms of aid to the individual citizen. In addition, there are many Federal activities that benefit the individual indirectly by strengthening his State and local governments, by increasing the supply of trained people, and by fostering research on the problems of the people. In the social welfare field, the Federal programs that benefit people directly and indirectly all have a common philosophy. The elements of that common philosophy are these:

(1) A primary reliance on the individual's own efforts, with Federal aid encouraging and supplementing these individual efforts.

(2) Encouragement of private enterprise and voluntary organizations.

(3) A partnership with local and State governments, within our Federal system.

(4) A preference for indirect rather than direct forms of Federal aid.

The commitment of the Federal Government in the field of aging is more recent than its commitment to aid individuals as workers, parents, or homeowners, etc. Increasingly, the Federal Government is being asked to aid individuals as senior citizens or retirees. We believe that the same philosophy that has successfully guided the Federal Government in its previous efforts to aid individuals should be followed in the case of the new programs designed to help older people.

III. KNOWLEDGE AVAILABLE

A. RECOGNITION OF NEEDS

A limited concern for the care of older people seems to be rising in the hierarchy of values shared generally by Americans. The Social Security system evidences the recognition among the voters and taxpayers that all of us if we live long enough will become old and that without Social Security we might confront conditions we want to avoid. Medicare, while still controversial, seems to be sufficiently well established that no political attack on the general idea behind it is likely to succeed.

On the other hand there is abundant evidence to show that many older people are deprived of what most Americans have come to accept as necessities for young and middle-aged people. Knowledge of these deprivations has not aroused overwhelming indignation among the more fortunate. In the absence of the kind of generalized value position that is attached to being a child, the aging are much more dependent than are children on the emergence and perpetuation of organizations designed to solve specific problems that older people share with members of other age groups.

Concern over the welfare of children can sometimes be relied upon to provide public support for older people who will take care of them. The Foster Grandparent program, which originated in the Office of Economic Opportunity, has now been transferred on a permanent basis into the Department of Health, Education, and Welfare. In May 1970 there were 4,300 foster grandparents working with more than 8,000 children in 68 projects in 40 states. Expansion of this program depends primarily not on personnel or facilities but on funds. At issue here is primarily the priority to be given to this program as compared with other needs-meeting efforts. Because it can appeal to those interested both in the young and the old, it is likely to continue to draw increasing support.

Very often the concern over the lot of older people who are poor, sick, or handicapped in other ways becomes the overwhelming focus of both research and action. In spite of the fact that many older people do suffer from these conditions, we must remember that the *majority do not*. We must also focus on the fact that people suffering from most diseases or injuries require the same kind of treatment regardless of their age. Treatment designed to help them recover should be the same. Emphasis on the fact that they are also old may serve merely to shut them off from the agencies best prepared to deal with their particular ailment or condition. *The thing that has to be determined is whether old age in itself constitutes a basis for treatment different from that which is appropriate for some other age group.* This determination is not made often enough either by those who support or oppose particular actions.

Older people do have some things in common that require special consideration. They are vulnerable in many ways simply because of their age. Some of this is biological. Social action to reduce their vulnerability is simply good sense. It does not require an appeal for charitable response. These special needs are as legitimate a base for action as are the special needs of people in other age categories.

Some of these needs derive from specific social actions that are taken on the basis of age. The young make a quantum jump when they pass from the more or less irresponsible position of "child" to the age of consent, voting age, draftable age, or other category that is determined without reference to any attributes other than the age of the person. So also older people make a similar transition when they are forced by social action to retire or are barred from some voluntary acts (like giving blood to the blood bank). The recognition that

age in itself is a socially defined as well as a biological fact is thus a necessary step to the creation of additional organization that is effective in dealing with the problems of aging.

B. METHODS OF DEALING WITH NEEDS

Some things that older people need and want can be provided successfully only in face-to-face situations, where satisfaction or lack of it comes immediately or not at all. To meet these needs organization is required only to make such arrangements as are needed to get old people into interaction with others from whom they can get satisfaction. This is a kind of "closed-loop feedback." It may be the most significant kind of relationship for the maintenance of individual well-being. On the other hand, some of the desires of older people may involve the intervention, between want and satisfaction, of an enormous, highly intricate system—such as the airlines, the Social Security system, or NASA.

Where such intricate social systems must be used, the simple closed loop from want-to-action-to-satisfaction is not possible. Feedback indicating success or failure to get satisfaction does not come immediately or all at one time or place. Involved in the maintenance of such complex organizations are not only the values of specific older people who may benefit from the services performed, but also the values of a whole series of other people, each of whom must have a reason for doing his part in making the system work. Very often the values of these two groups are not the same nor in the same order of priority. In such situations we have to look at the total outcome and the way the values of participants and recipients are met. Often what was originally set up to serve one particular need of one set of older people may instead become a system largely devoted to serving needs of another group, including the needs of the servitors themselves. Simple judgment as to the degree to which the older person is presently being served by a particular arrangement does not necessarily provide a good guide as to what has to be done to increase his share of the output of this same organization. Nor is it necessarily true that a new system, involving the cooperation of a different set of people, would yield any greater net satisfaction to the older persons for whom it is ostensibly designed. It, too, would have to satisfy those who operated it.

The American solution to newly recognized problems has generally involved creating a new group, or set of groups, that limits its activities to the attainment of a particular goal. Such groups spring up continuously and succeed in maintaining themselves or disintegrate or become dormant. Some survive because they seek support for the solution of a single problem and conduct their activities in such a way that they continuously recruit new members from among those newly confronting the problem. The most obvious, of course, would be those groups dealing with a particular condition or disease—blindness, mental illness, alcoholism. In a sense these organizations represent fairly simple closed-loop systems in that satisfaction is taken by the supporters, the servitors, and the recipient in an action designed for and successful in producing a specific outcome. Older people, to the degree that they along with people of other ages are the victims of the conditions dealt with by these organizations, can and very often do benefit from the existence of such organizations.

These kinds of limited but continuing concerns are responsible for the existence of a complex of private welfare programs. The people who devote themselves to these specific causes are often not very much concerned about the condition of an age group or about problems that require extensive cooperation among a number of specialists. They seek the support of the community or the State to get service only for the specific limited set of people with the particular problem in which they have an interest. Their satisfaction comes primarily from the fact that those particular people have benefited. They are willing to cooperate in the larger arena only to the extent that joint action is required to secure their specific limited ends.

On the other hand, some kinds of action result from a very widespread effort to attain a general result. For example, changes confronted by the American people about a hundred years ago forced the recognition of the need to supply education for children, which it had long been the responsibility of the family and church to provide. Satisfaction with the merging public educational system was great and sufficiently widespread that the whole population was taxed with the burden of providing this system for all children, regardless of the

degree to which the individual child, his parents, or the taxpayers found satisfaction in the experience. It is very difficult in this case to trace loops from initiation to reinforcing feedback. One has to rely on the idea that there is a hierarchy of values generally held in the United States that justifies the continued existence of educational institutions for *all* children. It is, in fact, becoming acceptable among a fairly large set of people to hold that this age group should be denied almost nothing that would better serve their health, education, or what is thought to be their welfare and happiness.

C. THE ROLE OF THE FAMILY AND THE MARKET

When we examine the actual consequences of age-based social action, we discover that it affects only parts of the lives of older people. The bulk of the needs of most of them continue to be met as they were met earlier in their lives. It is in the family that most older people secure their major satisfactions. Seven of every ten older persons live in families. About a quarter of all older persons live alone or with nonrelatives. Only one in twenty lives in an institution (*Aging*, May 1970). For the largest number of older persons the family provides food, clothing, and shelter. It offers the means to continue interpersonal relationships that they had when they were younger. It provides face-to-face relationships so necessary for humane living. It actually carries out most of the services necessary during ill health. Needs such as recreation, transportation, and shopping are supplied through obligations among family members. Family membership, which almost everybody has shared for at least part of his life, thus sets the norms that are supposed to be applicable to everybody. The generalized attitude is that we should act as if everyone were part of a family. Service for older people will thus be provided to all those who have been or remain "good" parents or siblings. If as family members they perform as they ought, they will be provided with all that is necessary to their well-being.

A corollary to this is, of course, that if they presently do have needs, that fact is itself evidence that they have *not* been decent, law-abiding, hard-working, devoted parents or siblings, and so they deserve what happens to them. There is some truth in this argument. Unless one is willing to see the family dismantled, he must face the fact that people are required, if they are to get family benefits, to meet its obligations. As they are to be rewarded for doing their family duty, so also must they be deprived if they fail in it. If some other institution is going to provide offsetting rewards to all those who, because of their dereliction, are not rewarded by the family, the likelihood of family disintegration is, in fact, increased. Services either by governmental or non-governmental organizations to those delinquent in their family duties do constitute a real threat to the family. Then, with the resultant decline of the family, there must either be an offsetting increase in the burden placed on other organizations, including government, or a further decline in the satisfactions achieved by older people. Threats to the family involve loss not only to the aging but also particularly to children. So here again the great emphasis put upon concern for the child strengthens attitudes that relate to the well-being of some older people while being at the same time a handicap to the well-being of others.

The same general observations can be made as they relate to the market. A very great proportion of the goods and services wanted and secured by the American people throughout their lives are obtained through the market mechanism. Most older people continue to want most of the goods and services they always wanted. So there is a strong case to be made for the idea that the provision of income to older people is all that is required to secure their health and happiness. Here again, lack of income is held to be evidence that a man has failed in the past to accept the obligation to work and to save. Without this income penalty that is meted out to "the drones," the labor necessary to supply the wanted goods and services would not be available. There is great concern when government or some voluntary organization reduces that penalty and, in fact, rewards those who have not done what is required of them in order to get an income through the market. The depth of this feeling is very great. No action that disregards its existence or flies into its face can succeed in getting widespread, general support.

A number of changes have taken place in America that, willy nilly, affect the lives of all of us. We can here only point to a very few and hope that the connection between them and the ability of the individual to protect himself against their damaging consequences will be apparent. One major cause of the inability of the family to take care of its own older members is found in the fact that people get married earlier, complete their families sooner, and live longer than they used to. Three-generation families are very common and four-generation families are increasing. So those in the working years have to try to support more nonworking people. Included among them are the young, who because of the increased duration and cost of education remain, with social approval, dependent far longer than did their forebears. Then, too, it is a well-known fact that women live longer than men, and men are traditionally the breadwinners. There are a great many widows who live far beyond the time that most men, even with great concern, have provided for.

Inflation has robbed savings of their past purchasing power, and what was adequate at one time is worth far less than enough to provide a comfortable or even decent living now. The medical care that has increased longevity has also increased tremendously in cost. Ever-increasing taxes take a much larger slice of the family income than they used to. Some older people have been able to find a place in the market that permits them to offset these changes and so provide for the members of their families as well as themselves, but evidence shown elsewhere in these papers demonstrates that many cannot do so.[1] Major changes in technology have resulted in the relocation of industry and of families. New transportation has produced an equally great change in mobility. Children and parents often live at great distances from each other, and simply because of distance, regardless of their wishes, much of what each could do for the other in earlier times can no longer be done.

Nevertheless many people, particularly older people, feel that the old ways are the only legitimate ways to assure their well-being. Their self-respect is greatly diminished if they are unable to pay for what they need and must resort to help provided by sources other than members of their families or immediate friends with whom they have reciprocal helping relationships. The practice of neighboring always supplemented in greater or lesser degree the family as a source of help. So older people are less reluctant to accept help from local people, who have a traditional basis for extending it, than from government.

D. MEETING THE NEED FOR COMPANIONATE CARE

Organization to complement, supplement, or replace the family and the neighborhood as a means to secure face-to-face relationships, companionship, conversation, and intimate care grows as the number of older people who are deprived of these opportunities grows. The churches have for a long time served in this way. They continue to do so for many people. But for many others, secularization, suburbanization, and other social changes make the community-based church an increasingly unreliable source. The very concern of the churches that they retain the loyalty and attendance of the young often results in diminished attention to the needs of the elders and to their alienation. The decline of ethnic neighborhoods and the replacement of neighbors by strangers reduces the effectiveness with which the church can deal with the loneliness and anomie generated by social change. Today effective response to these needs is increasing. Friendly visiting in hospitals and in nursing and retirement homes is organized by numerous religious, fraternal, and service groups. Welfare agencies promote it.

One of the most pervasive local efforts, supported by both Title III and Title IV of the Older Americans Act, has been for the establishment of centers where older people can gather and share companionship. There is considerable evidence that the response to these demonstrations is growing and that support is forthcoming to maintain many if not most of these companionate efforts originated under Federal and State projects. What can loosely be called recreation can also serve as socialization in new roles, and in many cases people who once had to depend exclusively on a family in which they have had an increasingly less satisfactory

[1] See the Background Papers, for example, on "Income," "Employment," and "Retirement," 1971 White House Conference on Aging.

status and role have found the new organization a very effective way to supplement their declining position in the family. The multi-purpose center has often supplied the transportation necessary for this and for other purposes.

Perhaps the most effective thing government can do, both at the State and local level, is to increase its efforts to stimulate people in the local community to provide, largely through voluntary effort, opportunity for intimate social interaction among older people. Where, as will often be the case, this need is compounded by lack of income, poor health, or other deprivation, other kinds of organization will have to be created. But the fact that healthy people of moderate income have needs that are created by growing old should be recognized and dealt with. To the degree that government or other agencies concentrate solely on older persons who also have other problems, they neglect legitimate demands of a large and growing minority in the population.

E. PROTECTIVE SERVICES

At the other extreme is a set of older people who are so removed from social interaction that they require more than the mere opportunity to socialize. Sometimes loneliness, neglect, and isolation have resulted in extreme manifestations of mental or physical illness. These persons require special protective services. Such services for children are common practice. But until lately, few elders have been given adequate attention. Community agencies, private and public, are now promoting new services for such people. In a few places the Federal Government has joined with welfare and other voluntary agencies in an effort to discover and publicize the extreme isolation of some older adults. To encourage efforts to deal with the problem The National Council on the Aging supported publication in 1963 of "Guardianship and Protective Services for Older People." Under Title III and IV of the Older Americans Act the San Diego Community Council has been working on the problem and has now made it a concern of the community mental health service. A similar project has been carried out in Ohio under the sponsorship of the Cleveland Welfare Federation and Title III. The growth of this concern was both evidenced and stimulated by a conference on Protective Service that was held in San Diego in April 1970. The Federal Government is involved in this movement primarily through research support and demonstration, hopefully leading to greater recognition of the problems of loneliness and isolation among older people. Professional help of the kind needed is very expensive and hard to get support for. So the continuing day-to-day work probably will have to be done by people willing, over the long pull, to communicate with and to relate to those who have no family or friends upon whom they can rely to fulfill this need. It is apparent that this kind of relationship cannot be ordered by law or bought in the market; it must continue to be primarily a volunteer service.

IV. THE PRESENT SITUATION

The absolute need for human interaction emphasizes the primacy of the community, in which it must take place. Local organizations set up to supply this need will in many cases generate the means continuously to maintain this interaction. Government—Federal, State, and local—can demonstrate how the local organizations can be more effective in fulfilling these functions. National organizations may, both through research and demonstration, contribute in a similar manner. But basically it will be the community, through a multitude of local voluntary organizations, that supplies the means.

While doing this, community organizations are also very likely to *create attitudes* required for the survival of other governmental and private organizations. Community organizations will promote many causes—social, economic, and political—that require for their achievement elaborate organization. A significant function of the local voluntary organization is advocacy. Every one of the more elaborate organizations is importantly dependent on the generation of new values and attitudes that are necessary to its survival. Thus, there is an intimate, vital connection between healthy grass roots community organization and the more formal agencies, be they private or public. Any attempt to downgrade organizations that are a response to local attitudes or replace them by elaborate direction from the top may serve only to weaken or destroy both.

One of the most important developments taking place under the authority of the Older Americans Act is the interplay between local agencies and the State and local governments. Government has money to give to local agencies but will give it only on terms established at points far removed, both in space and in the attitudes involved, from the community level. If there is no local initiative to meet those terms, there is a stalemate that is often as fatal to growth as is the effort under local initiative to do things without government money. Government field representatives can sometimes discover people who will initiate and support projects that would not ever surface without their help. But the point to be remembered is that this is a voyage of discovery. If no persons already endowed with the necessary attitudes and abilities are to be found, nothing will happen. Slowly, then, the kinds of projects that meet both the criteria of government and those of the local populace will emerge. Some of those projects vetoed at the local level will perhaps come into being because they are pushed from above with financial resources. This will induce people to support these projects until the government money is gone—then they will disappear. Some, supported by only local concerns, will spontaneously spring up and grow. Government should see these spontaneous projects as evidence of an unmet need.

The outstanding virtue of Federal Government is that it provides this kind of reciprocal action between central and peripheral government. If this fact is disregarded and planning derived from esoteric principles is used as a procrustrean bed on which to form community action, a lot of what needs to happen will never occur. Voluntary agencies that have roots in the community will often wither from lack of resources, and sterile bureaucracy will die from lack of widespread political support. Present plans for the administration of all of the programs for aging need to be carefully examined to see the degree to which this will be their outcome.

A. GOVERNMENT ORGANIZATIONS AND THEIR PROGRAMS

1. Income Programs

We pointed out earlier that tradition accepts the family and the market as the primary needs-meeting organizations for older people. Decline in the use of the family as a

producing system has automatically increased the functions of the market. In some cases the market is now expected to produce and distribute goods and services that were never in its province until this century. It is highly questionable that the market can effectively carry out this task. The list of new functions that the market is expected to perform is too long to be explored thoroughly here. Difficulties with the price mechanism are not limited only to those the market faces when it is required to take on new functions involved with furnishing goods and services to the aging, but these are, of course, our primary concern here. However, we must recall that older people are served largely by the same market that serves children and middle-aged adults. Where and if it fails them, it is quite likely also to fail older people.

The immense growth of risk-and-cost-sharing arrangements, including but not limited to insurance, evidences the fact that few are willing to expose themselves fully to the iron laws of the free market. The rise of unions and the corporation, which are as ready to use all the political power they can muster to give them advantage in the market as they are to rely upon "supply and demand," provides an abundance of evidence that it is not only the old who turn to such power to defend themselves against economic despotism. Yet there persists a strong belief, held widely, that were the old only provided with sufficient income, they would have few problems.

There are at least three major arguments raised against this proposition. The first is, of course, that sufficient income to buy all that older people might be induced to want is hardly likely to be distributed to them by a government that must get permission to take the needed money from a population that in most cases is not itself supplied with that kind of income. The second is that the free market has failed to supply many kinds of goods and services that are sorely needed but that do not seem to be as profitable as are other possible forms of enterprise and so are not produced in desired form and quantity. Some of these goods and services are needed by older people.

The third and perhaps the most persuasive argument is that with public approval some basic social controls, including the law, are being used to prevent older people from functioning in the market. Minimum wage laws prevent them from selling their services at a price they would, as an alternative to idleness and lack of income, be willing to accept. Under present laws, even those designed to prevent discrimination on the basis of age, it is not illegal for employers to set an arbitrary age for retirement.

So men are being dismissed from the positions in which they are most able, and subsequently government and private agents are put to work to find them a job, in which they are likely to be less productive! Men who have all their lives been encouraged to work and have been rewarded for so doing are now confronted with penalties for working and are rewarded, through both Social Security payments and frequently through various forms of retirement pay, for not working! It is not surprising that, with such reversals in basic values, the means to implement those values should also frequently work at cross purposes.

1.1. Social Security.

Since early in the New Deal, Social Security has become firmly established in American government and in the society it serves, as a means to guarantee a flow of income to older people when they no longer work. The organization does well what it was originally expected to do. The millions who regularly get their checks take it for granted that if those checks do not show up, it is the fault of the Post Office or something else. There are, of course, delays and mistakes, but few offer evidence that these are more numerous than those made by private corporations. The *policies* the Social Security Administration is to pursue are constantly a matter of controversy; the method of *support*, likewise. But until recently the organization itself was not a source of controversy. In the original setup Social Security was an agency separated from the cabinet departments. Now Social Security is one of the subordinate parts of the Department of Health, Education, and Welfare. Regional Deputy Commissioners and their subordinates carry out much of the day-to-day administration of the

law. There is little or no dependence on State officials in handling retirement functions. This form of administration is an anomaly in a Federal system. The national government directly touches the lives of most citizens at very few places. A few Federal laws are enforced by Federal Judges or Commissioners, but most citizens have direct contact with the national government only through the Postal System; the Internal Revenue Service, which collects their income tax; and Social Security, which collects part B of Medicare and delivers retirement and survivor payments directly to the individual. The certainty, accuracy, and efficiency with which this is done has built up great confidence in direct administration by the national government.

There are continuous efforts to sidestep local and State governments in order to achieve other objectives. The Office of Economic Opportunity and some of the efforts of Housing and Urban Development are outstanding cases in point, but experience with them, particularly the former, has modified the enthusiasm of some of their former supporters. We will have occasion to look at both later. At the moment what we want to point out is that while decline in the ability of the family to provide primary group relationships compels *more intensive* use of *community institutions*, the lack of ability of the market effectively to deal with income problems of older people has resulted in an organization that functions directly out of Washington and makes *almost no use of local* or State organizations. The reasons for this are numerous and beyond the scope of this paper, but some of the factors that resulted in the creation of nationwide income tax collection and income distribution systems also tend to create similar arrangements that relate to other social and political systems and subsystems.

Basically, however, it is possible to maintain the existing Social Security system only because there is very widespread acceptance of the idea that all Americans have a right to demand from the economic system the means to their survival. In the opinion of some people that right is limited to physical survival itself. Others make a claim that regardless of his contribution as measured in the market-place, every person has a right to a decent and comfortable living. Both sets support the idea that when a man is no longer *able* to earn a living in the market, he has a right to claim one under government auspices. Social Security is based on the idea that, apart from minimal subsistence, the size of that claim should be based on his previous contribution as measured in terms of earnings. The important thing, from the point of view of this paper, is that many of the generalized values that sustain Social Security are those that also sustain the idea of Welfare. Organization in support of either have this element in common. Effective attacks on the values that support Welfare thus tend to weaken support for Social Security. Traditional beliefs that "those who do not work shall not eat" and that the market is the best measure of the worth of a man frequently generate such attacks, even among supporters and recipients of Social Security payments.

We must note also that support for the continuation and expansion of Social Security is *not* produced by the organizations used in the *delivery* of its payments. These create nothing to compare with the support generated by the multitude of senior service centers that provide companionate sharing for the old. It is actually through these latter organizations that much of the political support for Social Security itself is being built up and maintained. Social Security agents are compelled by law to stand remote from some of the well-springs that supply that support.

In other background papers the substantive accomplishments and deficiences of the Social Security System in providing retirement income for older people have been discussed.[2] It would be redundant for us to repeat them here, but perhaps it is in order to look at some of the influences at work that might provide a base for reorganization of the System. Among these influences are efforts to alter the way in which Social Security is funded. Many people feel that present payments are, and are likely to remain, inadequate so long as the present tax base is used. On the other hand, younger people are adamant in their refusal to accept higher Social Security taxes. They take the position that their present obligation to

[2] See the Background Papers on "Income" and "Retirement," 1971 White House Conference on Aging.

their wives and children preclude further diversion from their immediate income. This argument presumes that almost all of what has been and is being collected for Social Security goes for retirement. Of the Federal outlays for the aging in 1970 (not all of it through Social Security, of course) only 53 percent was spent on retirement. A large part went for other kinds of income maintenance including survivor insurance. This latter, which was spent on dependents including the dependents of deceased young men, took more than 12 percent of the funds. Almost 25 percent went for medical care. Until recently, such care was regarded as being in large degree the obligation of the younger generation to pay in support of their parents' medical needs.

Moreover, those in the older generation, who had to pay for the education of their own children, are now being forced to pay a higher and higher portion of their income to provide schooling for still another generation. Resistance to school taxes by the old is thus seen to stem from the same kind of reasoning that is used to justify resistance by the young to higher Social Security payments. Certainly this raises an issue as to whether, if Social Security payments to be made in the future cannot be increased, future recipients of Social Security ought to be relieved of school taxes so they can spend that money in their own immediate behalf.

One of the recommendations of the President's Task Force on Aging is that eligibility for and distribution of family assistance payments be administered by Social Security offices, by-passing State agencies that now handle such payments. The Social Security Administration is presently supporting, on a demonstration basis, a number of new types of services. If these are eventually to be administered through Social Security agents, there will be still more by-passing of State and local government. The political implications of the extension of services by Social Security beyond that of providing Old Age, Survivors', and Dependent's Insurance are great, and their putative effects on that organization need to be examined.

Another set of proponents hold that increased payments through the Social Security system should be paid from general tax funds. The argument for this is the same argument that is raised in support of other kinds of welfare and education payments—that it is an obligation of modern society to supply the basic needs of its members. This argument is, of course, the very obverse of that used in support of Social Security taxes, i.e., that these taxes on earnings are a form of paid-up insurance and that those who receive payments are only spending what they have themselves earlier earned and saved.

Certainly if the argument for increased tax support from general funds prevails, there will also be increased pressure to combine the administration of these funds for older people with those distributed to the young and middle-aged. This aspect of the consequences of tax reform thus becomes an important issue. The first reaction to be expected is the great negative response of many if not most older people that what they have earned and put aside as insurance ought to come to them free of the "taint of Welfare." As we have shown, there are many older people who are not dependent but who feel they have, as citizens, the same right to consideration of their needs by government as do young and middle-aged people. When government acts to provide education, recreation, transportation, and other needs for the elderly, it is doing nothing it does not do for their children and grandchildren. They do not wish to be put in the same class with dependents, and they feel that the administration of programs for older people by government agencies that do deal with dependents is immoral and unjust. Mingling of OASDHI payments with general tax payments is in their minds a kind of almost treasonable action, which is bound to have political consequences to those who engage in it.

On the other hand, those who insist upon the use of the general tax base use exactly these arguments in reverse. For them all government administration should be handled in terms of the functions being performed, not on the basis of the source of funds. It seems reasonable to the administrator that since Social Security functions have already been expanded beyond retirement payments to include support of the disabled, the dependent, and the sick, organization should mingle these functions for the elders with the same functions to be performed in the same way and through the same facilities as those used for

younger people. At the community level this is frequently a necessity, simply because there are no special facilities to deal with many of the problems of the old, and the duplication of facilities entailed in providing them seems to be neither feasible nor desirable.

If general tax money is to be used for Social Security, then all of the politics involved in getting that money, in competition with others seeking it for other purposes, come into operation. At this point the fact that Social Security has no extensive advocating organization becomes crucial. Its absence is noted by Congressmen who are confronted with dozens of effective organizations that seek to allocate tax dollars in support of their own objectives. There is then a real issue as to whether the Social Security system should be limited to those functions that can be supported from funds it can generate, apart from general taxation or, whether in the effort to expand its base, it should risk losing the identity that now protects it—even in the absence of local and State political clout.

Recent governmental reorganization indicates that for those now in power and their immediate predecessors, the die is already cast. Social Security is not set up as something apart from but as a part of the general effort to provide for the health, education, and welfare of the people. The regional deputy commissioner is responsible for it and for other H.E.W. service programs. The new system is designed to make the system relate more effectively with State and local administrative setups rather than to correspond with what had developed over time at the national level. It is at the local level—in cooperation with State government—that such services as determination of disability and Aid for Aged payments are made. The very survival of Social Security as a special, different way to solve the problem of providing income for all in the postworking years is an issue that must be discussed.

1.2. Aid for Aged.

When Social Security was initiated, there were a great many people who were in absolute need of income but who clearly could not be said to have a claim on Social Security by reason of what they had contributed in the past. To supply their needs the government depended on means similar in some ways to those being set up for unemployment insurance for younger incomeless people; that is, the national government offered Federal aid to those States that would set up a satisfactory plan for a system of Aid for Aged. Some of these plans provided for inclusion of Aid for Aged in a State administration that also handled such programs as Aid to the Blind, Aid to Dependent Children, and general Welfare. Others set up a special branch to deal only with Aid for Aged. Over time the necessity, particularly at the local level, to deal with the problems of dependent older persons who were also sick or blind or in other ways suffering from some of the same handicaps as younger people has led States generally to the inclusion of Aid for Aged in the same administrative setup at State level as is used for other forms of Welfare. The fact that in many places Social Security payments are insufficient to meet the standards set up for those who qualify for Aid to Aged, and for other Welfare clients, has led to further co-mingling of cases. Social Security recipients are frequently also recipients of Food Stamps, rent supplements, and other kinds of aid, in addition now, of course, to Medicare. Because there is a different Federal subsidy paid to the States for Aid for Aged than that which is given in support of some other kinds of subsidized Welfare clients, the category is still included in State programs, but it is declining, as other kinds of organizations replace it, and presumably in time it will be phased out without any great difficulty.

1.3. Veterans' Benefits.

Veterans' benefits include both pensions designed to furnish income to the veteran himself and payments for the support of his dependents. There were 1,700,000 persons who got some income under these programs in 1970. The most significant fact for older veterans is that they are veterans rather than that they are old. The special connection between the national government and the older individual who has seen military service is such that no outside influence from either older people themselves nor their advocates is likely to be important in preserving or modifying this program. While there *are* important issues to be

dealt with in relation to older veterans, it is not feasible to deal with them in the context of a White House Conference concerned with older people as such.

1.4. Federal Civil Service Retirement Benefits.

In 1970 the Civil Service Commission spent on behalf of the aging $1,541 million, of which $1,514.5 million came from trust funds. There is considerable discussion as to whether the policies now pursued should be continued unchanged, but there is little discussion of a modification of the present organization. Of course, if the funding should be changed, the same kinds of political repercussions and possible organizational changes that we have discussed in reference to Social Security become issues.

1.5. Railroad Retirement System.

Railroad workers function in all of the States. Necessarily railroads are controlled in some degree by the national government, which has the constitutional right to control interstate commerce. The difficulty in designing unemployment insurance systems based on State action which were developed for other industries, plus some other considerations, led to the establishment of a special Railroad Retirement System. The funding of this program has come primarily from taxes on the carriers and the workers, but the program is administered by the national government. Initially the System provided annuities and pensions only for the employees themselves. Survivor benefits were paid as lump sums or as the result of the employee's election to accept a reduced annuity during his own lifetime. In 1946 survivor benefits were made comparable to those in the Social Security setup, and that year occupational disability benefits were also added. In 1951 spouse benefits were granted; in 1954 benefits were extended to disabled children. In 1968 disability payments to disabled widows were authorized.

This shows, of course, the parallel development between Social Security and Railroad Retirement. In the beginning nothing was done administratively to handle the problems that arose as employees moved back and forth between railroad and nonrailroad work. In 1946 a beginning was made, and in 1951 provision was made that those with less than ten years under Social Security could shift to Railroad Retirement with a minimum annuity guaranteed from Social Security, which would be added to subsequent Railroad Retirement earnings. Further coordination resulted in gearing railroad retirement tax rates to Social Security practices. Railroad workers and management pay higher taxes and get higher annuities than do Social Security beneficiaries, but as has been shown elsewhere, there is a growing number of other industries in which the worker shares in an industrial annuity in addition to his Social Security.[3] This privilege does not frequently extend to railroad employees. To offset this handicap a supplementary benefit was established on a temporary basis. This supplement was made permanent and a 15 percent increase in benefits was passed by the House and Senate on August 7, 1970. The outcome is that the two systems have been made sufficiently compatible that there is little effort to change this organizational pattern.

1.6. Private Pensions.

The substantial aspects of private bases for adequate retirement income has been dealt with in other papers.[4] There is little that can be suggested in the way of organizational change that is anything near as significant as the apparent fact that few older people will have saved enough through payments to such systems to provide themselves with an adequate retirement income. Federal law requiring minimum vesting could protect some of those who do put their savings into this form. Further control to prevent fraud and malpractice would require a decision as to who would be responsible for its enforcement and administration, but none of these seem to be major issues. The real question is: How can the private pension system be improved when (1) strong unions prefer to rely upon their bargaining power to secure postretirement incomes for their own members or alternatively to use that power to

[3] See the Background Paper on "Retirement," 1971 White House Conference on Aging.
[4] See the Background Papers on "Income" and "Retirement," 1971 White House Conference on Aging.

solve what seem to their members to be more immediately pressing problems and (2) when small businessmen and independent wage earners in weak unions simply cannot guarantee enough votes to secure politically what they cannot win at the bargaining table? At issue also is whether efforts to change general attitudes toward retirement income should be concentrated on support for increases in Social Security, which will be shared by all of the old, or on private pensions that will largely help those who have already gained for themselves a larger share of the gross national product than have most people.

2. Employment

We have already alluded to the fact that many older people are by forced retirement and early discharge arbitrarily excluded from gaining an income in the market. Government and other needs-meeting agencies have turned to helping these dislocated people back into some kind of income-producing activities. The greatest portion of this activity comes through the United States and the State Employment offices, the same organizations that help people of all employable ages. Through their partial control over State systems of unemployment insurance the Labor Department of the national government is able to affect some of the operations of the employment services in the different states. The Labor Department is, through Manpower Training, also engaged in extensive research and demonstration. Very often, the agencies of H.E.W. that are distributing Welfare payments to older clients need to be kept in close touch with the Employment Service in order to have information on jobs for dependent clients of all ages. There is some evidence that the Employment Service in some States gives preference to younger men who are currently receiving unemployment insurance, thus reducing the costs of such insurance to local employers. As a partial check on this there is being developed a new "Job Bank" system, which lists both jobs available and job seekers together with their characteristics. This computerized system will provide counselors daily with up-to-date information that could make this practice detectable. It would show whether, in fact, counselors were favoring one set of qualified applicants over the other. This system also gives promise of providing information that would show whether or not a special division devoted to providing work exclusively for older people might be justified. But the essential issue is not so much organizational as it is the insistence that a man *should* work for his income if he is at all capable and that most men prefer this kind of activity to any other as a basis for receipt of income. If the value conflict is reduced, the matter of organizing to provide income for older people will be greatly simplified.

3. Housing

Probably no need other than income itself is more pressing than that of housing. And none is less adequately met by the market. As has been shown elsewhere, there is ample evidence that there is simply no way most older people can be housed through the existing market mechanism.[5] Nor can local or State government, utilizing its own available financial resources, meet the need. The national government has attempted to operate in this area primarily by providing the financial means to help the older person purchase in the market what he cannot buy on his own. But in this process the national government by-passes almost all contact with State government (except, of course, such laws and regulations as are imposed on all builders and owners). Local agencies, municipal governments, fraternal and church organizations, and other entities seek Federal funding for qualified types of building, including that for the aging. Individual older persons can also qualify for loans and mortgage guarantees. But unless a municipality or county government itself gets into the housing business, neither local nor State participation is required. Every effort is made to keep politics out of these programs. As a consequence, there is little to be gained and much to be lost by local or State politicians through participation in the provision of housing.

Congressmen and Senators are, of course, elected through the same party machinery that determines who will become State legislators. The President of the United States is a

[5] See the Background Paper on "Housing," 1971 White House Conference on Aging.

member of one of the parties that will in each State elect a governor. So there is some feedback shared by all the candidates of a party from its efforts to get housing through the Federal Government. But few city councilmen or State legislators will have their fate determined by their participation in or attitude toward housing for the aging. An issue to be examined is whether some form of Federal aid that *does* require the enlistment of State and local government would provide better support and more efficient administration than does the present organization. In the meantime as in the case of Social Security, a Federal system that bypasses State and local government loses the advocacy that derives from community participation. Some people have urged the creation of advisory committees for local Social Security agencies to assure that what is gained in administrative efficiency under the present system is not offset by losses in advocacy.

4. Health

4.1. Medical Care.

When Medicare was proposed, many of its advocates thought it would result in some form of extensive direct involvement of the various branches of government in providing health care. Some were discouraged and some relieved by the fact that what happened was almost complete reliance on purchase of services from individuals and private agencies. The debate over the nature of the costs and the adequacy of the medical service now being provided has hardly turned on the basic issue of whether this is the most effective way to organize health services, but the issue remains a central one. It has not yet been resolved. Two elements of this issue are outstanding. The first relates to control over the way Medicare services are delivered. The second relates to the degree to which separate facilities for the aging are to be set up in the community.

Private organizations like the local, State, and national medical societies and the nursing and hospital associations have nearly complete control over the conditions under which medical care can be delivered to all kinds of people. There is not much disposition on their part to separate care of older people from others except where, as in the case of chronic terminal diseases and senility, it is clear that there are definite *medical* reasons for such separation. Until very recently such financing as was available clearly favored provision of medical care for the young and for mature adults over that for older people. It may be that, with adequate financing for health care for the aging, these organizations will now respond by increasing the facilities and the attention given their older patients. One of the present difficulties could thus be eliminated. Effort to improve care through more stringent administrative procedures imposed from outside the professions is an alternative, which will apparently be strongly resisted. So changes in organization here require the use of a lot of political power. At issue is whether that amount of power, even if it be available, might better be used to alter some other part of the system.

Some provisions in Title XIX of the Social Security Act strongly support the idea of community health centers for people of all ages. They also support the development of preventive health care. If there are to be strong community health delivery systems of this kind, they could provide the base for an alternative to vendor purchase of some kinds of health care for the aging. But very large numbers of communities simply cannot supply the means to carry out three systems, one preventive public health, another remedial for all but the aging, and a third for the aging themselves. The issue as to which form of health care should receive the larger measure of support should therefore be before the Conference. Also involved here is the question as to whether some kinds of health care should be attached to multi-purpose senior centers rather than to some type of health agency.

Changes in existing "welfare" programs delivered by H.E.W.—such as the F.A.P. plan—will call for the inclusion of medical care of the old along with other members of the family to which they are attached before they qualify for Medicare. Thus a new issue arises. Shall support be given to family health care plans or only to Medicare?

4.2. Mental Health.

While there was in earlier years very little governmental activity to deal with problems arising from health needs in general, local and State governments have for a very long time been involved heavily with the care of mentally ill persons. Mental illness was often seen as a direct threat to the comfort and security of all of the citizenry. Assignment to asylums was often done more in their interest than in that of the patient. The legal definition of sanity was closely tied up with control over and inheritance of property. So there is a multitude of connections between institutions dealing with the mentally ill and those dealing with the family, education, business, religion, and other major elements of the society. In the absence of institutional means to care for the victims of simple senility and other handicaps of aging, they were placed in public facilities along with the psychotic, the epileptic, the alcoholic, the criminally insane, and sometimes the victims of chronic disease like tuberculosis. Over time, some of these categories—e.g., the epileptic—became beneficiaries of new treatment and ceased to be sent to these places. But because of the intimate connection between aging and many legal, financial, and housing arrangements, sometimes intensified by modern urban living, it is difficult to create new arrangements for the old simply by demonstrating that an old person is suffering from the same problems of mental health that a younger person also encounters. The young are released after a comparatively short period of hospitalization, but concerns other than recovery of sanity block release of the old. Until and unless these other problems are solved many old people will continue to simply be put away where they are out of sight and mind of younger people whom they might bother.

Government is intensely involved at the State level in mental health. On the other hand, the national government has primarily provided research, training, and demonstration. H.U.D. has also helped by financing some housing designed to provide a place for older people who would otherwise have to remain in State hospitals. But the mental health movement generally has been much more concerned with measures to assure the health of the young and middle-aged than with means to assure mental health to the older person. An issue arises as to whether, if this be the case, there should not be a governmentally sponsored organization devoted exclusively to research and demonstration connected with the mental health of elders. On the other hand, it is possible that existing programs in the Federal system *can* be induced to give a higher priority than in the past to the problems of older persons and to action for their alleviation.

4.3. Nutrition.

Traditional wisdom assumed that family and public education, together with the activities of those who produce and sell food, would provide proper nourishment, distribute it, and motivate consumers to eat what is good for them. Evidence to the contrary has reached a level such that it can no longer be disregarded. It is clear that neither the family, the school, nor the market has succeeded in creating a society generally free from malnutrition and its consequences. This malnutrition exists among people of all ages, but it is particularly prevalent among older people, who represent the cumulative effects of living in this country.

One response is a generalized consumer movement, with interest in the diet of people of all different ages being one of its concerns. Another possible answer points to specific problems encountered by older people, which justify a special set of organizations for them. The degree to which effort can successfully be guided in either or both of these directions is an issue. The question as to whether this is primarily a private, a local, a State or a Federal Government concern also constitutes an issue to be examined in the light of research and demonstration already being carried on under the auspices of all four types of organization.

5. Transportation

Technological advances have wreaked havoc upon the transportation system that existed during the age of the steam railroad and the trolley car. The portion of the population that has access to and can drive a private automobile has, to an overwhelming degree, opted

for that form of transport. The airlines carry much of the long-distance travel. Children are provided with transport by their families or special buses. But those older persons who do not have access to automobiles are increasingly isolated. Elsewhere the details of this revolution are discussed in depth.[6] We need here to see its significance in terms of organization.

Mass transportation in the United States is almost exclusively under private auspices. Various conditions have caused investors and managers to abandon efforts to provide this facility, which is particularly necessary to the well-being of older people. There is reluctance on the part of most governments to take on this function. A few innovators are setting up new forms of local transport. They encounter not only technical difficulties but also the legal and contractual arrangements that originally were designed to deal with a quite different system. The Conference will have to deal with effective means to reduce or eradicate this system of barriers. It also must face the issue as to whether or not it should support a system of local transportation designed to serve simultaneously the schools, the health and welfare agencies, and the elders. This combining of services would move in the opposite direction from the alternative seemingly sought by many, i.e., that all of the services for the aging should be operated and administered separately from public services designed for others who share some of the problems faced by older people.

It does not seem feasible to separate long distance transportation for older people from that used by the public generally. Government insistence upon specific performance by private carriers, like the retention of long distance trains, presumably would operate through existing regulatory agencies. Similarly, provision of special fares for older people using transport at off-peak intervals presumably could be secured, if at all, through the same agencies that control other kinds of tariffs. Control over transportation as a whole is going through a revolution. It is possible that government ownership and/or operation of passenger transportation may emerge. As these changes take place, it will behoove those interested in transportation for older people to represent effectively their interests. There is a tremendous lack of both creative innovation and research. A major issue then is the question as to who is to provide new alternatives. Action designed to improve transportation for older people could take place at all levels of government as well as under private auspices, but to make this possible new organizations will have to be created.

6. Education

The traditional idea that education is only for the young is under attack on all sides. Rapid change makes it impossible for one to learn in his youth all that will be required during his lifetime. Most of the structure of the education system generally was based on that premise. The methods of support, which greatly affect educational organization, relate historically to the sources of wealth available to government at the time the public school system was being created. Local school control preserved among the children the knowledge, the attitudes, and values that parents and others in the local community thought that they should possess. Heavy utilization of the real property tax as a source of revenue has given great power to local governments, and the attitude that schools should be above politics has prevented the kind of change that took place in other areas of government.

Now that local sources of income have proven to be inadequate, the power of the purse is moving to other loci of decision and control. So adult education becomes more possible as the needs of the older population for new learning increase. The Federal Government, acting through Aid to State Extension Services, has long been a tremendous educational innovator. The question as to the location of control over education must be an issue before the Conference. Leverage from the national government can be exerted upon the school systems through the greatly increased grants now coming from that source. New organization for adult education can thus emerge.

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[6] See the Background Paper on "Transportation," 1971 White House Conference on Aging.

7. Training

Another paper presents in depth the government's activities in connection with training. Initially it was thought that a large part of this would come through the Administration on Aging, acting under Title V of the Older Americans Act. In fact, professional training is now being supported not only by A.o.A. but also by the National Institute of Child Health and Human Development and by the National Institute of Mental Health. Moreover, the education and training of older persons are provided through programs in the Office of Education, the Civil Service Commission, the Federal Extension Service of the Department of Agriculture, the Department of Labor under the Manpower Development and Training Act, and private agencies under contract with the Office of Economic Opportunity. An issue the Conference should face is whether this proliferation of training agencies is a form of healthy competition to be encouraged, should be reduced as an undesirable duplication of effort, or should be studied to determine which agencies are most effective in carrying on which kinds of training.

B. NON-GOVERNMENTAL ORGANIZATIONS

In addition to the major institutions such as government, the family, the market, and the church, there is a multitude of organizations that touch the lives of older persons. Just as the market has its private and its public sector, there is a parallel kind of development of private, semi-public, and public associations. Some are highly formal and are themselves given a place almost, if not completely, equal to governmental organizations. Some are extremely informal and amorphous; they exist only tenuously. These spring up on an *ad hoc* basis and disappear as the special interest that produced them is satisfied through more formal means or ceases to be of sufficient import to invoke action. All we can say here of these latter is that they are a vital part of organization for the problems of older persons. They respond quickly to emergent needs. They require little support except the enthusiasm of their members. They serve as "feelers" that show at an early stage what kinds of needs are appearing. A few of them become the roots for more permanent and elaborate organizations. The fact that they are not given much space here does not mean that we regard them as being unimportant. If, in fact, formal, complex organizations succeed in so dominating the field that there is bureaucratic effort to denigrate the informal ones, the older people will be denied a real, vital part of the system required to deal with their problems.

At the other extreme are the more than three hundred *national* organizations that importantly affect what happens to older people. Some of these are very specific in their purpose, outlook, and organization. They serve as advocates for specific sets of older people with particular problems. They provide journals through which to channel information and build attitudes. They fill in lacunae created by failure of the major institutions to act. So, for example, the American Association of Retired Persons provides drugs and insurance at low cost to its members, plus other services such as travel arrangements and adult education. It also is active as an advocating agency, primarily through its publications and chapter actions. It participates in creating among the voters the attitudes that will support new legislation and expanded administration. It also lobbies on both the legislative and administrative sides of government, particularly at the national but also at the State level.

The National Council on the Aging is a national resource for planning, information, and consultation materials. It provides leadership for organizations and individuals concerned with the field of aging and serves as a medium through which various interests can combine their efforts to find solutions to the problems of the aging. It has utilized grants from government to find people in need and to train needed personnel. It is frequently consulted by government agencies in connection with legislation and administration relating to the aging.

The National Council of Senior Citizens acts primarily as an advocate for the aging. It publishes a bulletin and provides speakers. It generates support for legislation among other organizations, such as labor unions. With a grant of over $3 million from the Department of Labor, N.C.S.C. operates a Senior Aides program offering employment to low-income

older persons. Additionally, the National Council provides low-cost drugs and insurance to interested members.

These are representative of the most extensive and perhaps the most influential of organizations specifically oriented toward care of the aging. Many national organizations that provide services in the community for people who have particular needs, such as the poor, the lonely, the sick, the handicapped, and those without adequate housing, transportation, and nutrition are also heavily involved in extending their services to older persons. What is important in the context of this paper is that there is among them no clear, logical line that separates activities in behalf of older people from those in behalf of others. Hence, there can be no governmental structure that is built around such principals that will correspond with them. Instead, a half dozen different government programs may relate to a single non-governmental agency, and a great many private agencies may contribute services to the clients of a single governmental agency.

It is this fact that makes it difficult to integrate the services. Much of what can be done has to be done by "jawboning," persuading an agency that is primarily concerned with a function like, for example, the provision of homemaker services that older people are as much in need of and as much entitled to this service as are mothers of young children. Or inducing a local mental health agency to give as much concern to the recovery of an older person as of a younger one, when the purely societal as compared with the personal gains to be made clearly establish a different priority. So there is constant complaint that the functionally oriented nonprofit and non-governmental agencies downgrade or neglect service for older people. The proposed answer is often an effort to provide programs exclusively for the aging. Medicare supplied the financial means to one such end. But in the absence of a whole set of personnel specially trained, specially motivated, and specially equipped to render care for older people, the government had to resort to purchase of care from the agencies that supply other age groups with that care. The great bulk of the non-governmental agencies that both carry on the activities connected with health care and create and sustain attitudes necessary for it do *not* regard the creation of special services for the aging as being either necessary or desirable. The multitude of special nursing homes for older people that have sprung up in response to the monetary rewards offered by the Medicare system are not able to divert enough personnel with either the kind of skills and knowledge or, in many cases, the attitudes and values that proponents of the legislation expected. The consequence is frustration and bitterness among older people who find that they are not able to get the kind of service that the legislation promised to deliver.

As indicated earlier, another kind of governmental organization attempts to by-pass local and State agencies and serve older people in the community directly from the national government. The purchase of service in the field of housing, for example, has in many cases set up conflict between those engaged at the local level in providing housing for all other age groups and representatives of the national government who impose standards, insist upon practices, and require facilities that do not correspond with those the community itself supports. Blue collar workers and others see older people who may have never been other than poor ensconced in housing that the worker, after a lifetime of work, cannot afford. They become reluctant to support a party that insists upon such practices. It becomes harder to find legislators who will vote for increased appropriations.

One of the systems designed to produce housing for the elderly extended complete protection to the lender of funds to build housing, plus a very low interest rate. Many very affluent older people have been served by this program. Churches and fraternal organizations, particularly those whose members are well-to-do, rapidly organized to provide this kind of facility, but there was little effort to insist that these residence centers relate to the community. They provided no meeting places for other older people in the community; no meals were available to other than their own residents; no recreation was made available either to other older people or to poor people, though a government subsidy was clearly involved. From the point of view of the older middle class taxpayer, who has all his life contributed to the welfare of others, an opportunity to use government to solve some of his own

very real problems seemed only just. From the point of view of the older poor and many others in the local community, including supporters of organizations that contributed to the welfare of the sick, shut-in, recreationless, and otherwise deprived older people this program was an affront. Though legislation clearly indicates that this program should go on, an administrative decision to withdraw it has been made.

Obviously there is no easy solution to this situation, but it is clear that without support at the community level most government programs will fail, either because they cannot command the resources there that are necessary or because rebellion at the grass roots results in their political destruction. Two kinds of response have emerged. One emphasizes local coordination of effort; the other, coordination from Washington or another power center.

There have been sporadic efforts in a number of States to create advisory committees at the local level that will make themselves familiar with government programs for the elderly, interpret them, and attempt to modify relationships between these government programs and others. In part this has been self-defeating. In many communities there are local committees connected with the schools, welfare, mental health, the blind, the retarded, the handicapped, and others whom various government agencies have been established to help. Family Service often expects to serve and to champion older people through its own committee or board. So while in some cases an advisory committee on aging has become the accepted voice, in many others there is a veritable babel of tongues speaking in behalf of specific groups of older people.

In larger communities the neglect of the aging by other community agencies has given rise to renewed interest and activity in special organization on their behalf. Government has encouraged this movement. Under support from O.E.O., the National Council on Aging has encouraged a number of C.A.P. (Community Action Program) efforts to induce various agencies to give greater attention to older people in their own community. Ohio has awarded a Title III grant in Cincinnati to support a council on aging within the planning division of the Community Chest with the hope that this will demonstrate the desirability of its continuation. This council will make special efforts to get appropriate grants in support of projects for older persons in various Community Chest agencies. It will also serve as an advocate on behalf of older people among these agencies, and it will carry on informational and other public relations services through mass media.

In some of the larger cities a mayor's commission or committee undertakes the function of coordinating government and private organizations. For example, Chicago in 1957 created a 75-member Commission for Senior Citizens appointed by the mayor to be the focal point for activity in behalf of older people. It emphasized preretirement planning, but its primary service was public information and advocacy of various programs. In 1966 the city council passed an ordinance making the Commission for Senior Citizens an operating agency. In 1968 this commission, now the Division for Senior Citizens, became part of the Chicago Department of Human Relations. Today it has a full-time director, a relatively large staff, and a budget of $750,000, including $325,000 of local money. A number of other cities have made parallel moves. There is increasing agitation for national programs that by-pass State government and deal directly with the cities, in which an increasing proportion of older people live. There is perhaps no prototype coordinating agency that will best fit the needs of all communities, but the Conference should deal with the fact that there is a need for such organization at the local level.

Early in his presidential campaign President Nixon emphasized the desirability of making more effective use of volunteers in behalf of all kinds of people in need of help. Shortly after his election he named a task force to study what proposals could be made for such a program. In 1969 he announced his intention to create a nonprofit, nonpolitical National Center for Voluntary Action. He also officially set up a Cabinet Committee on Voluntary Action, headed by H.U.D. Secretary Romney. Under the guidance of a number of outstanding leaders a national program for voluntary action is being formulated. The Center is now under the direction of Charles "Bud" Wilkinson. He has indicated that it will serve primarily as the catalyst and coordinator among the large number of voluntary organizations—which,

of course, include those particularly concerned with problems of the aging. An Office of Voluntary Action has been set up in the Federal Government. It has the responsibility of interrelating State, county, and local government activities, while the Cabinet Committee is to coordinate Federal Government activities relative to voluntary organizations. All will attempt to relate more effectively the host of volunteer organizations throughout the country. The Conference should note the progress these new organizations are making in order to see whether or not the interests of older people are going to be served as well in this way as they might be through some other kind of organization that the Conference might wish to see created.

C. EFFECTIVENESS OF THE PRESENT ORGANIZATIONAL STRUCTURE

1. Federal Government

Earlier discussion in this paper began with the older person in the community. It is now necessary to look at the way government, in response to various kinds of influences, is set up and how various branches of the national government relate to each other, to the State and to the local government.

From what has already been said, it is now easy to see that various needs of older people have been met with greater or lesser success by other kinds of organization. We need to remember that the national government is not affected by nor does it deal with all of the needs of older people. What is successfully provided by the family, the church, the market, voluntary agencies, and other branches of government need not be supplied by the national government. What Washington deals with then is a limited set of needs that are shared by old people; not all of the needs nor all of the elders are its concern. Moreover, only those influences powerful enough to move it into action are served. Perhaps as a helpful analogy, we can think of all of the other institutions as being strainers or nets that screen out older people with particular sets of needs by providing sufficiently for them; the unsatisfied residue, however, is not able to claim attention from the national government. These people with these unmet needs may in fact be the most necessitous, but political power is not necessarily created in direct proportion to the need for it. Given, then, the two influences, one extinguishing the necessity for attention at the national level, the other selecting for attention at that level only such clients as have the political clout to compete against others for limited funds, personnel, and facilities, the national government may be dealing, not with the whole aged person, but with a kind of caricature of such a person. It is difficult to accept this fact.

Movements are constantly being fomented that presume that there is some way to get a national government agency that will "put it all together," but these efforts have been continuously thwarted. One interpretation frequently cited is that representatives of the aging are being deliberately deceived by candidates for office. Another is that those candidates when actually placed in positions have only limited power. Furthermore, the candidates must respond to many different groups, each contending for action it considers to be legitimate for its own cause. Administrators must also deal with a number of other organizations that presently serve older people. Some of them are strong in their own right and beyond the control of the government administrator. They must also deal with the existing bureaucratic and legal structure, which seldom corresponds exactly with the more or less ideal setup that is proposed by people with only one set of interests and one set of clients in mind and with not much reliable knowledge about government structure or processes. What we are saying here in greater detail is what was said at the outset—any organization must serve a number of sets of people with differing power, objectives, and constituencies. The national government is no exception to that rule; so failure to achieve campaign promises does not necessarily evidence deceit and/or complicity.

A second concern of the Conference should be to recognize the difference between advocacy and administration. It might be possible to create a single focus in the national government for advocacy of the interests of the elders. This would make it easier to create an image that would make their needs more visible to the public, to the Congress, and to the

Administration. Its success would, however, depend heavily upon its ability to demonstrate that all those interested in meeting the various needs of the aging had agreed upon a set of priorities. To a degree, that is what happened in regard to Medicare. Under such conditions, very great pressure could be brought to bear upon both branches of the national government, but past experience has shown little evidence that such a set of priorities can be established. As our earlier discussion has evidenced, many of the groups that serve many of the needs of the elderly are *primarily* concerned with the priority given their *general* cause, such as mental health, housing, nutrition, recreation, and so on. They do *not* wish to downgrade achievement in these fields in order to elevate other concerns of the aging. It is this diversity among the advocates that makes it difficult to create a single voice. The bureaucracies that serve the national organizations are judged by their member employers on the basis of their success in pursuing the cause for which the organization was created. These representatives find that they can, over a period of time, establish an identity before one government bureau or Congressional committee. The politicians and the bureaucrats test the reliability of the evidence they produce, the validity of their statements about what their clients want, and perhaps what they are willing to sacrifice to get it. Their credibility, however, extends only to a limited number of people in the government who have the power to recommend or oppose their proposals. It is, therefore, extremely difficult for them to appear before those who know them or before other people in government as special pleaders for the aging, willing to lower the priority demanded for the cause with which they are primarily identified in order to secure higher priority for the aging.

There has been continual discourse as to the place in the government structure that should be held by the chief advocate for the aging. Presently the Commissioner on Aging, head of the Administration on Aging, which is one of the subsystems within the Social and Rehabilitation Services branch of the Department of Health, Education, and Welfare, has also been given the title Special Assistant to the President. The Conference will have to be the judge of the degree to which this latter designation has, in fact, increased the effective influence he has had either within the Administration or in legislation that deals with older people.

President Nixon's Task Force on Aging gave its highest priority to the creation of an Office on Aging within the Executive Office of the President. This office would have the responsibility to develop a national policy on aging, to oversee the planning and evaluation of all Federal activities related to aging, to coordinate such activities, to recommend priorities to the President, and to encourage Federal agencies to undertake research and manpower preparation. Some of these activities can clearly be labeled advocacy. At the present time the Administration utilizes the services of an advisory committee on older Americans to help perform some of the suggested services. It consists of 15 members who "are experienced in or have a demonstrated particular interest in special problems of aging." The Secretary of H.E.W. can also appoint Technical Advisory Committees as he sees the desirability of or necessity for such services. Presumably the Office of Aging could make use of similar services; the chief issue in this connection is the degree to which this would be a better arrangement than now exists.

The new office, if created, is given considerable administrative power. If it were to carry out its mandate, it would become a kind of second voice at the top of each department involved in service to the aging. Unless it had considerable authority from the President himself, there would be difficulty in exerting any considerable power over the policies and practices of the involved departments.

Presently the heads of the Departments of Transportation; Labor; Housing and Urban Development; Agriculture; Health, Education, and Welfare; and the Office of Economic Opportunity make up the President's Council on Aging. This body is expected to coordinate the services of the departments they represent to the best possible advantage. Presumably the Task Force did not judge that the Council was doing the job as well as could be done from a special office in the Executive Office of the President. The Conference will need to debate whether such an Office could in fact be effective in this endeavor or whether the effort to

secure such a position would use up much of the influence available to the aging and, even if it were successful, could produce only a Pyrrhic victory. There have already been some strong dissents to the idea of spending any great amount of effort to achieve this goal, so the issue still remains a controversial one.

Let us, then, turn away from these to other questions about national organization or reorganization. There are a number of proposals designed to solve difficulties presently thought to be primarily a matter of the way administration is carried on. One set relates to the way functions dealing with needs of the aging should be distributed among agencies at the national level; the other, the way effective organization within agencies can be increased or enhanced. When the Administration on Aging was created, some of its supporters hoped that it would become the administrator of all of the services the national government would provide for the older people. However, as more funds have become available to create new services, these have, for the most part, come under control of other branches of the government. As we have noted, there are numerous agencies that provide services to the aging. These services are delivered as an integral part of the general program of the various departments. Even within the Department of Health, Education, and Welfare there are numerous subsystems, such as the National Institutes of Health and the National Institute for Child Health and Human Development, that carry on programs that are supposed to serve older people along with people of other ages. Moreover, one of the proposals of the Presidential Task Force would give to Social Security, rather than to the Administration on Aging, authority to determine eligibility for Family Assistance and payments to the elderly if and when the Family Assistance Act should go into operation. The Task Force also proposes a separate unit for Housing of the Elderly, not in A.o.A., but within H.U.D. It proposes a joint program between A.o.A., H.U.D., and O.E.O. to develop multi-purpose senior centers. Efforts to transfer functions for the aging from more powerful agencies to the Administration on Aging have in the past proved to be futile. In fact, some functions, like training, which is a major activity of A.o.A. carried out under Title V of the Older American Act, are also being conducted by NICHD, NIMH, the Office of Education (vocational education), the Department of Labor, O.E.O. (through contract with private organizations), and still other Federal agencies.

While there has been considerable agitation over these developments, they have continued under two different administrations, and there is no strong movement discernible at present to reverse them. The States, under Title III, have also undertaken training programs parallel to those of the Administration on Aging. A perhaps inadequate sampling of opinion among knowledgeable people in the field indicates satisfaction with, rather than opposition to, this latter move toward decentralization. The Conference should, in its preliminary stages, attempt to assess these trends, for they deprive the central portion of the Administration on Aging of some of the most effective means it has had at its command to bring programs both at the national and State level into some kind of conformity with the best informed opinion as to what constitutes the most effective way to serve the aging.

2. Regional

Recently geographic decentralization has also weakened the control A.o.A. can exercise from Washington. There are ten regional branches of the Department of Health, Education, and Welfare. Each is headed by a Deputy Commissioner, who is in charge of most of the administration in the field. The Administration on Aging is in each region, as it is in Washington, a part of the Social and Rehabilitation Service. It is headed by an Associate Regional Commissioner for Aging. Distribution of control among programs between Washington and the regions varies. For example, the initial grants for training under Title V are still made in Washington, but the field supervision is done by the Associate Regional Commissioner for Aging, who also determines whether or not the grants are to be renewed. This distribution, however effective it may be, deprives the Director of Training of the opportunity to examine closely the results of the decisions he has made in granting initial awards and thus learn which of the grants have been most successful and more importantly, why. On the other

hand, it gives the Regional Office a chance to see how effective training is, in relation to the programs for which trainees are being prepared.

The Regional Offices do not have any kind of politically defined entities from which to gather strength. They must relate to State Commissioners, who even though they may be weak, relative to other Departments in their own State, at least have a constituency that may be able to influence State legislators and congressmen. The only real control the Regional Representative can exercise is through his ability to authorize or withhold the renewal of grants. A large part of what the States receive comes through Title III. Appropriations are initially distributed in proportion to the number of older people in each state, as compared with the number of older people in the whole country; so at best the Regional Associate Commissioner can only refuse some particular grant from this source. Persuasion and professional consultation, when they are sought, are the only means available to the Regional Associate on Aging in his effort to see that the purposes expressed by the national government are, in fact, being carried out. Yet there is effort from Washington to emphasize detailed planning. As we have seen, a very increasingly large part of services to older people are carried on from sources that cannot be controlled by government at the regional or even the State level. The Conference must scrutinize such planning to see how effective it is, whether it threatens to prevent innovative and creative activity at the grass roots, or whether in fact control is so weak as to make planning a mere paper operation.

3. State Government

When we turn to activity for the aging at the State level we find that, compared with the kinds of activity the States carry on in connection with such services as education, welfare, public health, transportation, and other of their major functions, service and administration specifically designed for the older people are extremely limited. The average professional staff of those administrative bodies that are commonly referred to as State Agencies on Aging numbers no more than five or six persons. In roughly two-fifths of the States the staff serves a commission-type unit on aging, which has been organized independen tly of "regular line" departments. The more common organizational structure in the aging field is a bureau or division "layered" within a broad functional department, usually Welfare, and thereby more or less removed from the purview of the department head and, indeed, from the other parts of the executive branch. Even in those few States where services to the aging have been accorded organizational visibility—in Connecticut and Massachusetts, a Department rank; in New York and elsewhere, a place in the Governor's Office—the Agency on Aging does not wield great influence. In most States, the choice of the agency where the aging will receive primary consideration seems to be related to the vagaries of personality or to historical accident. The State budget is frequently limited to the matching funds required to get Federal money, though that situation is improving somewhat.

From what we have already said, it is clear why the State Agency on Aging is weak. The one program for older people carrying the largest burden and corresponding influence Social Security (including Health Insurance Benefits) operates almost exclusive of State participation. Another significant Federal program in housing operates largely independent of State involvement. What is left, though considerable, is a very small proportion of the total spent by government in behalf of older people. As compared with most Welfare programs, which depend heavily on involvement of State, county, and local government, work for the aging as a separate group under a special agency is small potatoes. The single program for the aging that still carries considerable Federal funding, A.F.A., is seldom administered by the State Commissioner on Aging, but rather by the State Welfare or Human Resources Department. State Commissions are largely composed of amateurs, who are often unpaid, so the small professional staff must carry on without much additional help, except what they are able to borrow from other agencies or divisions. Title III funding has helped enormously. It has provided money for administration far in excess of that which the State is required to put up. Through these funds the State has made grants available to both older voluntary

organizations and to the new ones that have grown up as resources to help them get started have become available. Aging is beginning to develop a constituency.

A great many of the grants have been used to provide funds for multi-purpose senior centers. These, as we indicated earlier, become bases not only for service, but also for advocacy. Other State grants have gone for services, such as "meals on wheels," transportation, and recreation, administered by local agencies that could not without these funds provide such service. New services have been provided in housing units. Title III money has helped create community centers. If and when community health centers get the support that was seen for them at the time of the passage of Title XIX of the Social Security Act, decision as to just how much ancillary service can be provided for those centers from Title III of the Older Americans Act will increasingly have to be made. All of these activities have the effect of providing sources of advocacy.

Through governors' conferences, regional forums, and use of such media as are available to them, the most active State Commissions have produced an enthusiastic set of elders who begin to be aware of their political potential. While State employees are not permitted to involve themselves in political action for the aging, the recipients of grants wear other hats, and they can educate the voter and get out the vote. The result is, in organizational terms, that it is beginning to be politically advantageous at the State level to support, if only verbally, State programs for the aging. Where, as in many cases it is true, the three-year demonstration under Title III has produced an active constituency, local projects are now being funded locally, and Community Chest and similar organizations are beginning to give greater attention to their preservation or enlargement of these projects.

On the other hand, the rule that requires these projects to become self-supporting after three years hits heavily the very people who most need them. Present rules permit the States to continue funding for a fourth year on a 50 percent matching basis. This has preserved some projects that otherwise would have failed. But in the circumstance of very limited funding it also prevents other groups who had never been funded from getting started at all. Largely the issue before the Conference in this area is a substantive one. But as we have pointed out, policy has the potential to affect organization, and the organizational aspects of these policies ought not to be disregarded.

4. Local Government

Local government covers units like the great cities and the smallest county or hamlet. Obviously the generalizations we make do not fit all of these governments.

We have mentioned the organization set up by the Mayor of Chicago. New York also has an Office for the Aging in the Mayor's office. It has been particularly active in reference to transportation and housing but has also provided a wide variety of other services. Other cities have built up services for the aging, often in spite of the fact that the States in which they are located have shown little enthusiasm for such organization. At least one spokesman for the National Association of State Units on Aging has proposed that funds be directly allocated to cities as such, without scrutiny or control by the State. This proposal has also received support elsewhere. This solution may be one that is growing, and the issue will undoubtedly receive attention by the Conference.

As we have already indicated, a very large part of the needs of older people are met by agencies other than those specially designed to serve them. There is a set of older people who have special needs. These include those with physical handicaps not peculiarly related to aging, such as blindness. Sometimes States handle these services directly. So, for example, the Rehabilitation Service often does not try to maintain an agency in each town or even county. It operates on an individual basis from an office that may serve several counties and many towns and villages. Care of the blind, apart from income payments made through some kind of welfare setup, is very often in the control of a regional officer who makes special arrangements with doctors, teachers, and others who are prepared to extend professional aid to those who cannot see.

The largest group of those needing aid are people whose income is inadequate, whose

family is unable to or uninterested in extending help to them. A large part of this care is extended by private agencies. Welfare departments are expected to care for the rest. These departments vary tremendously in their size and in their ability to deal effectively with the problems they are expected to solve. Mingled together are programs for children, for adults, for people who are disturbed, dependent, and otherwise incapable of handling their own problems.

Inevitably welfare has come to be associated with some kind of moral weakness, and those who administer the program are often regarded either as softhearted do-gooders or unfeeling bureaucrats. So those among the aging who do not feel that their own limitations derive from anything for which they ought to be blamed resent having to get services from welfare. Yet from the point of view of the taxpayer, and even the administrator, the creation of special sets of means to deal with those who differ from their fellows only in being older seems a waste of money and resources.

The creation of multi-purpose senior centers provides a focus that has in some cases provided some of the services of a Welfare agency but that as yet does not have the welfare image. Direct connection with a department of State government that is *not* a part of Welfare—at least in the minds of older people—permits many older people to accept and to share in giving services that they otherwise could accept only by debasing their own self-image. This may, in fact, account in part for the comparatively great success such centers, when well manned, have had. Perhaps this kind of center should be the chosen instrument of the Administration on Aging to deliver such of its funds and services as are provided through the local community. These centers are at times directly supported by county, town, or city government. They are also sponsored by churches, fraternal organizations, unions, and other associations. The Conference should examine the record to see what is common to the successful and to the unsuccessful ones so that the best features of all may be preserved and enhanced. At the moment the centers are too new to provide a definite prototype.

One State, California, has been supplying services by hiring local Aides to the Aging in many small communities that it otherwise could not as adequately serve. These aides are older people who, having retired, have time to give to others. They receive a salary or wage, low enough to avoid deductions from their Social Security payments. Results are reported to be excellent. A very high quality person is often recruited, who puts in far more hours than he can be paid for. It may be that, particularly in towns or cities where there is no desire for or are no sufficient assets to support a multi-purpose center, this kind of local representation will become more general.

Another alternative to be examined is the relationship between older people and the new Welfare plan. It is possible that some satisfactory arrangement can be created that will take away the "taint of Welfarism"—perhaps the "workfare" state—yet will permit joint use of facilities without causing the problems involved at present in delivery of services to the aging.

V. ISSUES

Those who initially created the political institutions under which we live had reason to fear the power of government. They therefore limited its functions to those they felt to be absolutely necessary. They did not expect government to have a hand in creating new values for the people nor to assume additional functions. This point of view is still held by some people. Even though over time the rest of American civilization has changed they object strenuously to efforts by those who hold office in government to advocate change. They particularly object to efforts to produce change that would increase the power of those very government agents that are pressing for it. On the other hand it is apparent that government aid *has been sought and secured* with increasing frequency by all kinds of groups. Moreover, once government has undertaken to give that aid it has also become involved in efforts to maintain or expand it. Various branches of government were deliberately created not only to serve existing needs of various segments of the population such as farmers, bankers, veterans, workers, businessmen, Indians, women, and children but also to advocate new policies and agencies that would advance their cause. So even though there are strong proponents of the idea that government should have no part in advocating government or other aid to any one set of people, such as the elderly, the course of our history is filled with the appearances of agencies which do spend a great deal of their time defending and advancing just such special interests. One of the major issues, then, is—

Issue 1.

Given the present need for strong advocacy of the interests of older people, should public agencies act as forceful advocates for the elderly? A secondary issue is: how can public agencies on aging (at each government level) be organized so as to promote individual, family, and voluntary and community responsibility and action?

There are some who hold that those who propose to enlarge the function of advocacy within government are subverting basic principles on which our government was founded. They want to reduce rather than to increase advocacy. Others take the position that the very success of our government derives from its ability not only to respond to change but to initiate and foster it; they point out that its whole history is involved in change. Government has responded first to the efforts of people who felt that their needs were such that they either could not be met without use of the power of government, or that they could better be served through government than through any other instrument available to them. As government responded to these needs it created offices that are occupied by change agents. Very often these officeholders are chosen by and beholden to those they served. The downward flow of government power and resources thus helps create channels through which feedback from the experiences of people dealing with government can reach back up to the fountain heads of power. This results either in support for the new means (and their enlargement) or their disappearance (or reduction). The response of the people being served to what government is doing for them is channeled upward and thus becomes an integral part of the way in which government is adjusted to better serve people's needs. In this view, efforts to promote the well-being of older people, far from being subversive, are typical of the very means by which our government is kept alive and effective.

For those who distrust the use of government as advocate, the second part of the question we have posed needs no discussion. But for those who accept the idea that govern-

ment can and should advocate the interests of older people the means to this end do need exploration.

The record to date indicates that the most effective means to advocate the interests of the aging are those that are rooted in the local community. They may be initiated at the top, but those that go directly to the older people and their sponsors at the place where they live are more effective than those that take a more derivative route. They are also more effective when they are combined with other activities of older people. Since personal interaction is a basic need, it is in situations where this goes on that one can most easily discern what their needs are.

It is in groups composed of older people sharing with each other in various activities that ideas are demonstrated and tested and if proved attractive can be supported in action. Senior centers, for example, offer a place where the elders can combine their resources to influence all kinds of agencies—be they private enterprises, voluntary agencies, or local, State, and national governments. They also provide channels for the flow of information from various sources and, with modifications, move them on to other places from which action can come. They influence grass roots politics through various means, including voting, and over time may become a political constituency to which all kinds of organizations must respond. Sometimes churches, unions, and fraternal associations play a similar role in creating and mediating emergent values. Generally they are more independent of the influence of government and therefore less amenable to it than are agencies devoted peculiarly to the aging.

Even while the attitudes of individuals are being channeled in this way, the provision at each level of government of an office clearly intended to speak for the interests of older people is also held to be a necessity. Spokesmen for other interests are securely ensconced already. Those who wish the government to serve as their advocate must insist upon the legitimacy of similar offices for the aging.

One of the proposals put forth by President Nixon's Task Force on Aging is that there should be an Office of Aging within the Executive Office of the President. The functions of the Office would include development of national policy on aging, overseeing of planning and evaluation of Federal activities related to aging, coordination of such activities, and recommending priorities to the President. At present, the current Commissioner on Aging, Administration on Aging, undertakes to perform some of these functions as "Special Assistant to the President for the Aging."

Past efforts to maintain an advocate for older people at the executive level have been frustrated. Those who want such an agency must recommend feasible policies and be prepared to exert more political clout. The major alternative is for the advocates on behalf of the aging to operate at the same level in the U.S. Social and Rehabilitation Service as do representatives of, say, children.

Whatever the level at which the advocates operate they must decide how much of the available resources are to go directly to individual old people in the form of services or money, and how much is to be used to foster the growth of private initiative and voluntary organizations. The success of projects supported with funds provided under Title III of the Older Americans Act *seems to be closely related to their ability to discover and channel local resources, which in the aggregate far exceed those available to the aging through State and Federal government benefits.*

Thus, benefits also flow from creating local service organizations which can become strong advocates. They will influence, in turn, the kind and amount of public support that can be secured for other needs-meeting agencies that require more complex organization.

Issue 2.

How should relationships between agencies in aging and other public agencies be organized to respond more effectively to the needs of older people at community, State, and national levels?

One answer is the proposal that all of the functions of government that deal with the needs of the aging at each level be concentrated in a single agency with a budget and a line organization capable of carrying on those functions. Such an agency might act independently of the so-called "functional" agencies that now exist—such as those dealing with Housing, Health, Income, and Education. Such an agency presumably would be able to coordinate the services at its command so that each would effectively relate to all the others. Also, it could speak for all the aging before the legislative branches and could provide an "image of the aging" for the public media. In addition, it could seek to discover the priorities that persist among the values of older people and could then use the resources set aside for them in accordance with the established priorities. At present, even when the needs of older people are being considered by functional agencies, their wishes are frequently put aside in order to give priority to the needs of other groups—such as the young or middle aged.

Opponents of an organization similar to the one described above point to the fact that in practice, particularly at the level where services are being delivered, there are not enough older people in most areas to justify the provision of special agencies, buildings, equipment, and professionals to serve only those people. Consequently, however those at the top may try to order priorities—they are faced with the fact that the functional organizations (who in fact deliver services) are frequently run by specialists in areas such as health, housing, etc. These people are responsible to users of their services, some of whom are not old, and they have their own hierarchies of values. The servitors also must reckon with other sets of influentials such as professional associations, unions, banks, real estate owners, etc.

The major problem with this approach is that the illusion of effective coordination, created on paper, only serves to obscure what in fact is likely to happen. The functional agencies *generally "represent" the effective power operating in our society.* Consequently, the most that those seeking to serve the needs of the aging can do is to create pressure points at which they can exert the maximum influence at their command to make the service more nearly approach that which older people want. For example, the ability to give or withhold grants or licenses to those who seek to operate facilities to provide services for older people will in this view more effectively serve the aging than will efforts to create elaborate, overall controls.

Issue 3.

Should facilities and services be provided as rights to which all older people are entitled or only to those who are victims of especially adverse circumstances? When facilities and services are provided, how should responsibility for them be divided among the private sector, voluntary organizations, and government agencies?

In one view the basic responsibility for his living lies with the individual himself. If he has carried out his obligations to his family and community, lived up to the tenets of his religion, become educated up to the limit of his capacity, and in general been decent and hard working—he will want to be able to take care of himself in his later years without special service being delivered to him just because he is old. Only those elders unfortunate enough to have been deprived of family and community support through especially adverse circumstances might require help. Such help, up to the limits of the capacity of community resources, should be extended through private and voluntary agencies. These agencies, it is argued, will be aware of the circumstances under which people have lived; consequently, they can best judge the likelihood that any aid extended will be used wisely. Many persons think that public agencies should come into the picture *only* when such resources are exhausted and then only to prevent the elderly from falling into abject poverty. It is argued that public aid should go only to the "vulnerable aged" and that others must "accept their lot" as a reward or punishment for their success or failure to achieve a decent old age through their previous compliance with the legitimate demands of American society.

An alternate view which has been advanced is that by becoming old in American society one is endowed with "inalienable rights." These rights include a series of opportunities, such as the right to a decent job which can be performed in dignity, adequate financial resources in retirement, a comfortable home, good health facilities, adequate nutrition, etc. It is argued that if the private sector does not provide these opportunities, government should be required to supply them.

There is no universal agreement as to priority among the rights that are held to exist. So, even among those who start with the assumption that they do exist, there is conflict as to the degree to which each is to be implemented before attention is given to any or all of the others. In practice, many aged join forces with middle aged or younger people who seek better housing, mental health facilities, and so on before some other "right" sought by other older people.

Nevertheless there is a fundamental difference between those who feel that it is a prime responsibility of government to provide for the welfare of older people and those who regard government as a source to which the individual should appeal only when all other legitimate resources have been exhausted.

Probably most older people will use other resources before accepting what has the tarnished image of "welfare." But a resource such as "Social Security" will be willingly sought as a "right" which has been earned, not ascribed. Some government services such as the provision of street lighting, parks, police, firemen, water and sewage disposal will be willingly accepted by even the most rugged individualist. The most avid of those who seek to obtain what they hold to be the "rights" of older people will often choose to subordinate those "rights" to the "rights" of members of their own families, or a minority, a class, or the nation. Thus, the issue is not so much whether certain rights *exist* but which rights are so fundamental that the government is under a strong obligation to meaningfully guarantee them.

Issue 4.

What is the most desirable method of integrating or interrelating the activities of overall agencies in aging at the Federal, State, and community levels?

The proponents of one type of planning hold that only when the Federal Government is able to control what goes on at the State and local levels can there be effective integration of service to the aging. In this view, experts who have acquired knowledge about how older people think, what they want, and what resources exist to satisfy their needs are seen as best able to apportion resources so that all older people regardless of who they are or where they live will be able to achieve (to a maximum) their wishes. It is argued that such experts know best what limits are imposed by the capacities of our society to deliver goods and services to the aging—taking into account the demands of other groups. By planning, it is hoped that rationality will be introduced into the process of making choices. Thus, those who hold this position seek at every possible point to bring State and local agencies under control of the Federal Government.

Another view is that those at the top do not and cannot know enough to do what they propose to do. But unless planners can be assured that those who at the local level deliver goods and services can and will actually do so in the planned order of priority the gains presumably made possible through rationality are distorted and destroyed. People with this view do not accept the premise that it is possible for experts to make generalizations and abstract from them the means to make rational choices in all of the various circumstances in which older people find themselves. American culture is pluralistic. Different areas have developed different life styles. The order in which one set of older people seek to use scarce resources is not that which is sought by another. Rationality requires an efficient means to achieve a desired end. But, given the wide variety of priorities among the ends sought, the provision of a single highly specified set of means simply cannot be efficient and the proclaimed rationality is in fact illusory.

Those who take the latter position support the idea of greater, not less autonomy for the State government vis-a-vis the National government, and greater, not less autonomy for the local, vis-a-vis the State governments. They hold that, just as advocacy is best when it comes directly from the people served, so also administration is best when it is required to respond to those who are served by it.

On the other hand some groups, particularly the representatives of minorities find that frequently *their* "right," needs and priorities are almost completely ignored at the local and/or State level. Turning new resources over to those who created this situation simply guarantees its continuation. In their view the needs and wishes of older members of these minorities will be served only as pressure from the central government is applied. Many of the spokesmen for this position assume that the minorities can and do have more power at the National level than they do in many of the State legislatures or in county or other local governments. But other such spokesmen, confronted with the failure of the National government to actually deliver what it promises have pointed to the rigidity and inefficiency of Federal Bureaucracy as important sources of their own frustration. Either horn of the dilemma seems to be an unacceptable choice.

Issue 5.

Should government foster participation on the part of private and voluntary organizations in meeting the needs of older people? If so, what types of organizations and what kinds of participation?

We have written above about the relationship between government and other agencies; we now need to examine this further. The question to be answered here is stated as Issue 5.

An old and somewhat unique aspect of American society ordains that there will be a great deal of autonomous organization going on, regardless of what government does or does not do. The question then turns on whether government should select certain particular organizations or types of organizations to which it gives its blessing; or should government do nothing to favor any organization (or type of organization) more than another.

One response is that all non-government organizations should stand on their own feet, independently of any government sponsorship or support. But in fact government is currently giving money to some organizations. Part of this money has gone to provide special services that government needed to carry on its own programs (for example, research and demonstration activities). Another part has gone to allow private organizations to carry out types of services which government itself is also performing (for example, training activities). The latter in some cases are directly duplicative of or competitive with both national and State agencies.

The larger organizations such as the National Council on Aging, the American Association of Retired Persons, and the National Council of Senior Citizens have been very active as advocates for what they feel to be the most pressing needs of older people. In the process of publicizing these projects and lobbying for them in Congress and in the States these organizations have gained, necessarily, a great deal of political clout. Consequently, proposals that all organizations are to be treated alike are likely to be countered by the very real fact that these organizations, as viable going concerns, are themselves able to influence the position of government vis-a-vis voluntary organizations.

It is probably more meaningful to ask (1) whether what is now being done should be continued, enhanced, or diminished and (2) whether organizations currently not participating ought also to have greater participation in the making of government policy and sharing in government largesse.

A number of people, many of them prominent Americans, believe that a great deal more can be done for all kinds of disadvantaged people, including those that are old, through private efforts. In a sense, they would set up and maintain aged services which are competitive with those of government. Organizations offering these services would relate to a host of already existing privately or semi-publicly supported agencies (like, for example,

United Appeal agencies) that are already extending a great deal of aid to older people who are in need. Presumably these efforts can be more readily acceptable than is government aid to many of the aging. In giving this effort public recognition the present Federal Administration is recognizing the legitimacy of this form of organization as represented by the Center for Voluntary Action and attempting to relate it directly to the work which government is carrying on. Some purists will undoubtedly feel that even this minimal degree of government support is subversive of voluntary efforts, likely to lead ultimately to full government support for the projects presently being created or supported by the Center.

On the other hand there are many in government who constantly look to private and voluntary sources to supplement what government does for older persons. They would seek greater government sanction for a closer liason between the two sectors of our system. As indicated above, many programs supported with funds under Title III of the Older Americans Act and some of the demonstrations under Title IV have shown how fruitful this kind of cooperation can be.

In city government in particular there is an effort to make it easier for government aid to supplement other sources *before older people reach the stage of penury.*

Full use of private agencies, which are prepared to provide such things as friendly visiting, recreation, and aid in travel, saves the government the cost of providing these services. Given limited government resources it may be that administration designed to increase cooperation with private agencies can result in more valued services to the aging than could be secured by drawing a rigid line between government and other organizations.

There is also a point of view that present programs that permit one agency of government to subsidize a private organization so that it can carry on what appear to be activities identical with those of another government agency are redundant. It is argued that a single agency in government, for example, should provide all of the training given for those who will be working with older people. Such a view is opposed by those who feel that the reasons that induced the present programs to be set up are more valid evidence of the need for special training programs than is the general proposition that competition by government agencies with each other is unnecessary and costly duplication of effort.

As a further point, there is a growing insistence that government should take a more aggressive part in assuring older people that private agencies that purport to be delivering services to them be compelled to carry out their promises. Special insurance schemes, travel arrangements, housing facilities, and a multitude of quacks delivering nostrums exist. In many cases elderly persons are not themselves able to adequately examine the quality of these services to determine their worth. Some urge the expansion of government at all levels to increase the certainty that older people will not be victims of these private organizations. Others take the position that this is further expansion of government into an area in which it does not belong.

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